Albuquerque Housing Authority Biweekly Insurance Rates FY2021 July 1, 2020 - June 30, 2021

Medical Insurance	Employee	pays 20%	AHA pays 80%
Presbyterian My Care Health Plan			
	Employee*	AHA	Total
Single	48.95	195.79	244.74
Couple	99.59	398.38	497.97
S/Parent	78.63	314.51	393.14
Family	143.74	574.94	718.68

Vision Insurance	Employee	pays 20%	AHA pays 80%
Davis Vision			
	Employee*	AHA	Total
Single	0.44	1.74	2.18
Couple	0.87	3.50	4.37
S/Parent	0.93	3.74	4.67
Family	1.52	6.08	7.60

Short-Term Disabilit	y Insuranc	Employer Paid	
Mutual of Omaha	Weekly Benefit = 60% base salary		
Rate pe	Rate per \$10 of Weekly Benefit		
BW Rate*			
All Ages	0.1200		
Long-Term Disability	/ Insurance	Employer Paid	
Mutual of Omaha	Monthly E	Benefit = 60% base salary	
Rate per \$100 of BW Salary			
BW Rate*			
All Ages		0.2077	

Accident Insurance		Employee Paid
The Hartford		BW Rates*
Single		3.78
Couple	5.95	
S/Parent	6.45	
Family	10.09	
Critical Illness Insur	ance	Employee Paid
Benefit Amount	\$15,000	\$30,000
Single	11.46	22.38
Couple	16.89	32.74
S/Parent	12.57	24.27
Family	18.18	34.93

Dental Insurance	Employee	pays 20%	AHA pays 80%
Delta Dental			
	Employee*	AHA	Total
Single	2.92	11.68	14.60
Couple	5.91	23.62	29.53
S/Parent	6.49	25.95	32.44
Family	8.78	35.14	43.92

Basic Life and AD&D		
Mutual of Omaha (100% Paid by AHA equal to 140% of gross annual salary up to a maximum of \$50,000)		
Minumum Maximum		
\$25,000	\$50.000	

Voluntary Term Life		Employee Paid
Mutual of Omaha Biweekly Rates Per \$1,000		
Age	Smoker	Non Smoker
<30	0.0397	0.0171
30-34	0.0503	0.0231
35-39	0.0835	0.0397
40-44	0.1172	0.0614
45-49	0.2211	0.1223
50-54	0.3337	0.1832
55-59	0.4878	0.2663
60-64	0.6203	0.3438
65-69	0.9185	0.5151
70-74	1.7529	0.9729
75+	2.7217	1.5143

Mutual of Omaha Dependent Child Term Life		
Coverage	BW Rate*	
\$2,500	0.24	
\$5,000	0.48	
\$7,500	0.72	
\$10,000	0.96	

Flexible Spending Account		
BASIC (medical, dep	pendent care)	
\$4.30	NHA Paid Monthly Flex and Debit Car	

^{*} Biweekly = monthly times 12 divided by 26